

## LETTER TEMPLATE TO PAYERS REGARDING RECOGNITION OF CODES RELATED TO PEDIATRIC TO ADULT TRANSITION SERVICES

Address to Insurance Carrier Claims Review Dept. and Address or Insurance Carrier Medical Director

Dear (to be individually addressed on practice or chapter letter head):

I am writing to object to [*Carrier Name*] policy of [*select as appropriate either not covering or bundling, or inadequately paying for*] CPT codes related to transition from pediatric to adult care. Transition services are intended to be part of routine preventive, primary, and chronic care for all adolescents and young adults. Our physicians and their clinical staff are appropriately reporting CPT codes even though the services may otherwise be denied by the payer. The specific CPT codes listed below are necessary to report the additional time and work for transition services and should be paid appropriately.

These transition-related codes align with the pediatric and adult patient-centered medical home model of care<sup>1</sup> and the AAP/AAFP/ACP Clinical Report on Transition to Adulthood,<sup>2</sup> which calls for a structured transition process beginning early in adolescence and continuing through transfer to adult care. Recognizing these codes would enable physicians and their clinical staff to provide the recommended transition planning, transfer assistance, and effective integration of into adult care. Evidence shows that a structured transition to adult care improves adherence to care, consumer satisfaction, and use of adult ambulatory care services.<sup>3</sup> A complete list of transition codes with corresponding Medicare fees, relative value units, and clinical vignettes was published in 2017.<sup>4</sup>

The CPT codes related to transition that are at issue include the following: [*please select those codes that the practice is addressing (a listing of CPT codes related to transition are attached for the practice's reference)*]

We urge you to recognize and pay appropriately for these services related to transition from pediatric to adult care. We look forward to your response on your coverage and payment policy for these health care transition-related CPT codes. If you have any questions or need additional information, please contact [*include contact information*].

Sincerely,

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<sup>1</sup> Harwood C, McManus M, White P. *Incorporating Pediatric-to-Adult Transition into NCQA Patient-Centered Medical Home Recognition*. Washington, DC: Got Transition, June 2017.

<sup>2</sup> American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians, Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011;128:182-200.

<sup>3</sup> Gabriel P, McManus M, Rogers K, White P. Outcome evidence for structured pediatric to adult health care transition interventions: a systematic review. *Journal of Pediatrics*. June 2017.

<sup>4</sup> McManus M, White P, Harwood C, Molteni R, Kanter D, Salus T. *2017 Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care*. Washington, DC: Got Transition and American Academy of Pediatrics, September 2017.

Sample listing of CPT codes related to transition

- 99241-99245 *Office or other outpatient consultations*
- 99339, 99340 *Care plan oversight services*
- 99366-99368 *Medical team conference*
- 96160, 96161 *Health risk assessment (eg., transition readiness/self-care assessment)*
- 99441-99443 *Telephone services*
- 99444 *Online medical evaluation*
- 99446, 99449 *Inter-professional telephone/Internet assessment and management services*
- 99487, 99489 *Complex chronic care management services*
- 99490 *Chronic care management services*
- 99495, 99496 *Transitional care management services*
- 99860-99862 *Education and training of patient self-management services*